

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041443

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10705

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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90

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED OCT 31 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 5211 Itaska

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

admission)

c. CITY

OR TOWN

St Louis

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

5211 Itaska

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Adeline

Middle

A

Last

Fey

4. DATE OF DEATH

Month

Oct. 26

Day

1963

Year

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 1/30/85

9. AGE (last birthday) 78

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) St Louis Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME

Emiel Manti

13b. MOTHER'S MAIDEN NAME

Mina Brill

14. NAME OF HUSBAND OR WIFE

William J Fey Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of serv

16. SOCIAL SECURITY NO.

17. INFORMANT Address William J Fey Jr 5211 Itaska

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Central arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

Days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

334X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

5:30

1958

to

present

and last saw her

him

alive on

10/15/63

Death occurred at

5:30

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ross B. Sommer M.D.

22b. ADDRESS

100 N. Euclid St. Louis 8

22c. DATE SIGNED

10/28/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

10/29/63

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Mausoleum

23d. LOCATION (City, town, or county)

St Louis County

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

John L Ziegenhein & Sons 7027 Gravois

25. DATE RECD. BY LOCAL REG.

OCT 28 1963

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald Benji

Licensed Embalmer No. 4863

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.